

# DISABILITY

Sun Life Financial  
1-800-247-6875  
[www.sunlife.com/us](http://www.sunlife.com/us)

Laurel Insurance Agency & Assoc.  
4519 San Bernardo 2<sup>ND</sup> Floor  
Laredo, Texas 78041  
TEL 956-724-9083 FAX 956-726-1893





Webb County, TX

**BENEFIT HIGHLIGHTS**

**Discover new  
ways to protect  
what you love**



**Sun Life**

Life's brighter under the sun







# Find your benefits here.



WEBB COUNTY, TX

POLICY # 237977

If you're reading this, it must be enrollment time. But don't sweat it, because we've got you covered. We'll provide you with the right information to get the coverage that's best for you and your family. Some of our offerings might be new to you. Take some time to read through this booklet, so that you feel confident about your choices. And keep in mind that any benefits you choose are easily paid for through payroll deduction.

## **BENEFITS AT A GLANCE:**

- **Short-Term Disability insurance** that pays a portion of your income if a covered disability means you can't work.
- **Long-Term Disability insurance** to protect your savings - once your claim is approved - when you can't work for an extended time.

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# Short-Term Disability Insurance\*

Webb County, TX | All Eligible Employees | 237977

## Protect your paycheck

Imagine you hurt your back, and your doctor recommends you stay home from work for four weeks. Or imagine you just delivered twins. You can't work, but you have bills to pay. Short-term disability replaces part of your income if you can't work for a short time due to a covered disability. You can use the weekly check to help pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

### Benefits

<b>Weekly benefit after your claim is approved</b>	You will receive a check for your benefits on a weekly basis. It will cover <b>60%</b> of your Total Weekly Earnings, up to <b>\$1,000</b> per week.
<b>When benefits begin</b>	Benefits begin as soon as <b>15 days</b> from the date you are unable to work due to an injury and <b>15 days</b> due to an illness.
<b>Benefits may be paid for</b>	<b>Up to 11 weeks</b> , as long as you are still unable to work due to a covered disability.
<b>Additional plan information</b>	This plan provides a benefit for a disabling illness (including pregnancy) or injury that is not work-related.

*"1 in 4 workers will miss up to 3 months of work due to illness, injury or pregnancy during their career."\*\**



## What did Short-Term Disability insurance mean for Joyce?

Joyce was out apple-picking when she fell off the ladder and broke her ankle. Her injury left her unable to work at her job while she had surgery and recovered at home.

- Joyce filed a claim with Sun Life. We reviewed her medical information and job description and approved her claim.
- Joyce started receiving her weekly benefit, which helped her pay rent, buy groceries and cover the co-pays for doctor visits.
- Six weeks later, Joyce was back at work

## Top 5 Short-Term Disability diagnoses:

1. Maternity
2. Musculoskeletal
3. Injury
4. Digestive disorders
5. Cancer

*Sun Life claims data, July 2018*

Sun Life Assurance Company of Canada  
sunlife.com  
800-SUN-LIFE (247-6875)



## Additional considerations

<b>If I have other income</b>	Income from other sources may reduce your benefit amount. These sources may include Social Security benefits, disability benefits from retirement, government plans or state disability income such as California SDI; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings. For more information or to determine if Voluntary STD or Contributory STD is appropriate for you, contact your Benefits Administrator.
<b>If I can work while disabled</b>	Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.
<b>If I become pregnant</b>	Check with your employer to make sure you are eligible for benefits and let them know when you expect to be out of work on maternity leave. Typically a maternity claim is treated as an illness claim (see "When benefits begin" in the table).

## Short-term disability FAQs

### How much insurance do I need?

Visit our webpage at [www.sunlife.com/calculators](http://www.sunlife.com/calculators) to help you determine how much income you may need.

### How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website.

### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table)

## Read the important plan provisions section for more information including limitations and exclusions.

\*In Vermont, the product name is Short-Term Income Replacement insurance when the Maximum Benefit Duration elected is less than 26 weeks.

\*\*Realitycheckup.org, Council for Disability Awareness, 2018

and meet the definition of disability if you're insured when you become disabled.

### How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.



# Rate Sheet

**Employee** - Coverage and **monthly** rates for Short Term Disability Insurance.

Find your age bracket (as of the effective date of coverage) to determine the associated rate for the coverage amount you choose.

Follow the example below to determine your monthly cost.

Your Age	Rate
Under 25	0.652
25 - 29	0.716
30 - 34	0.604
35 - 39	0.508
40 - 44	0.508
45 - 49	0.508
50 - 54	0.604
55 - 59	0.775
60 - 64	0.941
65 - 69	1.042
70+	1.042

Example Weekly Benefit (60% of earnings)	Divided by 10		Multiplied by rate	Example monthly cost*
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\$350 / 10 = 35 x \$0.508 \$17.78

Your Weekly Benefit (60% of earnings)	Divided by 10		Multiplied by rate	Your monthly cost*
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\$ \_\_\_\_\_ / 10 = \_\_\_\_\_ x \$ \_\_\_\_\_ \$ \_\_\_\_\_

Your monthly cost	# of Months		Annual cost	# of pay periods per year (12, 24, 26, 52, etc.)	Your estimated cost per pay period*
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\$ \_\_\_\_\_ x 12 = \$ \_\_\_\_\_ / \_\_\_\_\_ = \$ \_\_\_\_\_

\*The rate is in effect for **1/1/2020**. Contact your employer to confirm the portion of the cost for which you will be responsible.





# Voluntary Long-Term Disability Insurance

Webb County, TX | All Eligible Employees | 237977

## Protect your paycheck for the long-term

An accident or illness can put your life on hold. It may even mean you can't work. How do you pay your bills? Long-term disability replaces part of your income if you can't work due to a covered disability. You can use this money to help you pay everyday expenses, like your mortgage or rent, utilities, childcare and groceries.

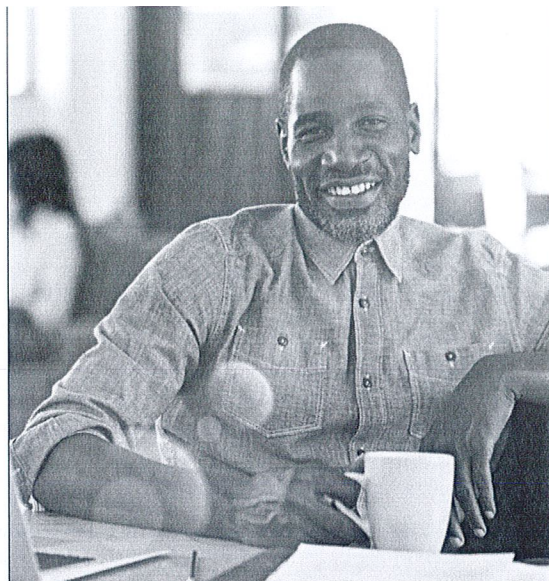
## How it works

Your employer is offering you and your coworkers this coverage as a group, at a group rate. You are responsible for paying a portion or all of the cost.

Choose the benefit that best meets your needs and your budget.

### Benefits

	Choice 1
Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will cover <b>60%</b> of your Total Monthly Earnings, up to <b>\$10,000</b> each month.
When benefits begin	Benefits begin as soon as <b>90 days</b>
Benefits may be paid for	Up to 5 years graded. Ask your employer for details.
Additional plan information	<p>You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week.</p> <p>You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.</p> <p>A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.</p>



## What did Long-Term Disability insurance mean for Mark?

Mark could no longer work at his technology job after he started to have blurry vision due to diabetes.

- Mark filed a claim with Sun Life. We reviewed his medical information and job description and approved his claim.
- His case manager talked with him about his return to work options.
- With the help of Sun Life, his employer purchased technology that helped Mark work part-time.
- He increased his hours until he could work a full schedule. Throughout this period, Mark was able to stay on top of his bills.

## Top 5

### Long-Term Disability diagnoses:

1. Musculoskeletal
2. Circulatory conditions
3. Cancer
4. Nervous system disorders
5. Injury

*Sun Life claims data, July 2018*



	Choice 2
Monthly benefit after your claim is approved	You will receive a check for your benefits on a monthly basis. It will cover <b>60%</b> of your Total Monthly Earnings, up to <b>\$10,000</b> each month.
When benefits begin	Benefits begin as soon as <b>90 days</b>
Benefits may be paid for	Until you reach the <b>Social Security Normal Retirement Age</b> —as long as you are still unable to work due to a covered disability.
Additional plan information	<p>You're covered for disabilities resulting from injury or sickness 24 hours a day, seven days a week.</p> <p>You may receive additional benefits if your covered disability begins with a hospital stay of 14 days or more.</p> <p>A vocational rehabilitation counselor will work with you, when appropriate, to create a return-to-work plan that's right for you.</p>

*More than one in four of today's 20-year-olds will be out of work for 12 months or more for a disabling injury or illness before they reach retirement.\**



# Additional considerations

<b>If I have other income</b>	Income from other sources may reduce your benefit amount. These may include disability benefits from social security, retirement, government plans or state disability income; other group disability plans; no-fault benefits, salary continuance or sick leave, and return-to-work earnings.
<b>If I can work while disabled</b>	Your plan is designed to encourage and support your return to work. If you are able to work part-time for example, you may receive part of your benefit while working.

## Long-term disability FAQs

### What if I have a pre-existing condition?

If you submit a claim within 12 months of your insurance taking effect, or 12 months following any increase in your amount of insurance, we will not pay any benefit for any pre-existing condition. A pre-existing condition includes anything you have sought treatment for in the 3 months prior to your insurance becoming effective. Treatment can include consultation, advice, care, services or a prescription for drugs or medicine.

### How much insurance do I need?

Visit [www.sunlife.com/calculators](http://www.sunlife.com/calculators) for help understanding how much insurance you may need.

### How do I file a claim after becoming disabled?

Check with your employer to make sure you are eligible for benefits. Then, file a claim with Sun Life. We will ask for information from you about your doctor, your income, and your condition. We will ask for medical records and for your doctor to fill out a form about your condition and your expected recovery. You can download forms from our website.

### How is my benefit taxed?

If you pay for your coverage all post-tax, your benefit will not be taxable income or tax reported by us to the IRS. If you pay for your coverage all pre-tax, or if you pay for part of your coverage post-tax and your employer pays for the rest, or if your employer pays the entire premium, some or all of your benefit amount will be taxable income, which will be tax reported on a Form W-2 and it may have FICA tax deductions that reduce the amount we pay you. Please consult with a tax advisor or your employer if you have any questions.

### How do I qualify for benefits?

You'll start receiving disability payments if you satisfy the Elimination Period (see "When benefits begin" in the table) and meet the definition of disability if you're insured when you become disabled.

**Read the important plan provisions section for more information including limitations and exclusions.**

\*Realitycheckup.org, Council for Disability Awareness, 2018, citing Social Security Administration "Disability and Death Tables for Insured Workers Born in 1997," October 2017.



# Rate Sheet

**Employee** - Coverage and **monthly** rate for Voluntary Long Term Disability Insurance.  
Find your age bracket (as of the effective date of coverage) to determine the associated rate for the coverage amount you choose.  
Follow the example below to determine your monthly cost.

Choice 1 Duration: Graded Benefit: 60% EP: 90 days		Choice 2 Duration: SSNRA Benefit: 60% EP: 90 days	
Your Age	Rate	Your Age	Rate
Under 25	0.240	Under 25	0.310
25 - 29	0.280	25 - 29	0.350
30 - 34	0.390	30 - 34	0.520
35 - 39	0.600	35 - 39	0.900
40 - 44	0.810	40 - 44	1.280
45 - 49	0.970	45 - 49	1.490
50 - 54	1.430	50 - 54	1.980
55 - 59	1.980	55 - 59	2.340
60 - 64	2.170	60 - 64	2.970
65 - 69	1.160	65 - 69	1.980
70+	0.830	70+	0.770

Example Monthly Benefit	Divided by 100		Multiplied by rate	Example monthly cost*
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\$3,500 / 100 = 35 x \$0.6 \$21.00

Your Monthly Benefit	Divided by 100		Multiplied by rate	Your monthly cost*
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\$\_\_\_\_\_ / 100 = \_\_\_\_\_ x \$\_\_\_\_\_ \$\_\_\_\_\_

Your monthly cost	# of Months		Annual cost	# of pay periods per year (12, 24, 26, 52, etc.)		Your estimated cost per pay period*
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\$\_\_\_\_\_ x 12 = \$\_\_\_\_\_ / \_\_\_\_\_ = \$\_\_\_\_\_

\*The rate is in effect for 1/1/2020. Contact your employer to confirm the portion of the cost for which you will be responsible





## Important information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance.**

For the dental plan, you must meet the eligibility requirements set forth by your employer. Your effective date will be determined by your Group Dental Service Agreement and Evidence of Coverage. Refer to these plan documents for details.

### Limitations and exclusions

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or ask your benefits administrator for details.

#### Short-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection. We will not pay a benefit for any accident or sickness covered by Workers' Compensation or similar law; or for any work-related illness or injuries unless otherwise stated previously; or if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.).

#### Long-Term Disability

We will not pay a benefit that is caused by, contributed to in any way or resulting from: intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; operation of a motorized vehicle while intoxicated. We will not pay a benefit if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); or for any Period of disability during which you are incarcerated. Disability benefits may be limited for certain conditions.

This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.

Sun Life companies include Sun Life and Health Insurance Company (U.S.) and Sun Life Assurance Company of Canada (collectively, or “Sun Life”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 12-GP-01, 15-GP-01, 15-LF-C-01, 15-ADD-C-01, 16-DEN-C-01, 16-VIS-C-01, 12-DI-C-01, 16-DI-C-01, 12-AC-C-01, 16-AC-C-01, 13-SD-C-01, 16-SD-C-01, 16-CAN-C-01, TDBPOLICY-2006, and TDI-POLICY.

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# Sun Life Financial

One Sun Life Executive Park, Wellesley Hills, MA 02481



## Group Enrollment Form

☐ Sun Life Assurance Company of Canada  
One Sun Life Executive Park  
Wellesley Hills, MA 02481

Employer use (check one): ☐ New employee ☐ Change ☐ COBRA

### 1. General Information

<b>Employer Name</b> Webb County, TX	<b>Account / Policy Number</b> 237977	<b>Location</b>
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### 2. Employee Information

<b>Employee's Full Legal Name (First, M.I., Last)</b>		<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Occupation</b>	<b>Eligibility Class (if applicable)</b>	<b>Social Security Number</b>	<b>Phone Number</b>
<b>Date employed:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Date: _____	<input type="checkbox"/> Return from layoff <input type="checkbox"/> Rehire Date: _____		
<b>Current Active Employment Type</b> # of hours <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<b>Earnings \$</b> <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____		

### 3. Benefit Elections

You need to complete all sections of the enrollment form including electing or refusing insurance coverage below and sign it. This must be done either during the enrollment period or within 31 days of your eligibility date. Benefits completely paid by your employer ("non-contributory benefits") cannot be refused. Not all of the benefit options listed below will be necessarily available to you. Your employer will tell you which benefits are available and what your Maximum Guaranteed Issue amount is.

Elect	Refuse	Coverage
<input type="checkbox"/>	<input type="checkbox"/>	Short-Term Disability (STD) \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Voluntary Long-Term Disability (LTD) \$ _____ <input type="checkbox"/> Choice 1 <input type="checkbox"/> Choice 2

#### 4. Signature and authorization information

I understand that:

- I am requesting coverage under a Group Insurance policy offered by my employer. This coverage will end when my employment terminates, subject to any portability or continuation provisions available under the Group Insurance policy.
- My employer will deduct all or part of the premium for contributory coverage from my pay.
- If applying for coverage more than 31 days past my eligibility date, Evidence of Insurability (EOI) may be required.
- For Short-Term Disability and Long-Term Disability insurance, Evidence of Insurability may be required for amounts over my Guarantee Issue for this enrollment.
- Increases to current Short-Term Disability and Long-Term Disability benefits may require Evidence of Insurability.
- If I decline coverage for myself or, if applicable, for my family now and want it at a later date, I/we will have to submit an Evidence of Insurability application, if required for the elected coverage(s), to be approved by Sun Life Assurance Company of Canada (Wellesley, MA).
- Coverages include limitations, exclusions and a pre-existing conditions provision that may affect my entitlement to benefits.
- If I am not actively at work due to injury, illness, layoff or leave of absence on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date I return to work.
- When required by the coverage, if my spouse or any of my dependent children are confined due to an injury or illness, as required by the coverage, on the date that any initial or increased coverage is scheduled to start under the plan, such coverage will not start until the date they are no longer confined and are able to perform their normal activities.

By signing below, I am representing that the information I have provided is true and correct to the best of my knowledge and belief.

X

Employee Signature

Today's Date

**To the Employee:** Make a copy of this form for your records before submitting it to your employer.

**To the Employer:** This original enrollment form should remain at the employer's site. Family status, coverage, or beneficiary changes should be recorded on another copy of the Enrollment Form.

Agent, Broker, and/or Enroller information:

Agent name

Agent / Broker name

Enroller name

#### Contact us



##### By mail

Sun Life Financial  
One Sun Life Executive Park  
Wellesley Hills, MA 02481



[www.sunlife.com/us](http://www.sunlife.com/us)



Customer Service **800-247-6875** M-F 8:00 a.m.-8:00 p.m., ET







► **TALK TO YOUR BENEFITS ADMINISTRATOR  
TODAY TO LEARN MORE ABOUT YOUR CHOICES.**



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